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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of South Africa

Proposed UNFPA assistance:	$7.5 million, $3.5 million from regular resources and $4.0 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Second
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.0	2.5	4.5
Population and development strategies	0.5	1.0	1.5
Advocacy	0.7	0.5	1.2
Programme coordination and assistance	0.3	-	0.3
Total	3.5	4.0	7.5

SOUTH AFRICA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	82	≥60
Contraceptive prevalence rate (%)[2]	50	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	18.08	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	68.2	≤65
Infant mortality rate (per 1,000 live births)[5]	59	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	82	≥50
Secondary net enrolment ratio (%)[8]	104	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

[1] Electronic database, World Health Organization, December, 1999.
[2] United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
[3] UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
[4] United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.
[5] United Nations Population Division, *World Population Prospects: The 1998 Revision*.
[6] The World Bank, *World Development Indicators, 2000*.
[7] UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
[8] UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women (2000)*, based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	43,792	Annual population growth rate (%)	0.77
Population in year 2015 (000)	44,616	Total fertility rate (/woman)	2.85
Sex ratio (/100 females)	97	Life expectancy at birth (years)	
Age distribution (%)		Males	46.5
Ages 0-14	34.0	Females	48.3
Youth (15-24)	20.6	Both sexes	47.4
Ages 60+	5.7	GNP per capita (U.S. dollars, 1998)	3310

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period starting in January 2002 to assist the Government of South Africa in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7.5 million, of which $3.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $4 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's second programme of assistance to the country. South Africa is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was jointly developed by the Government and UNFPA in collaboration with other relevant development partners and non-governmental organizations (NGOs). This was achieved through a series of discussions and dialogues with officials of key national institutions, especially the Ministry of Social Development and the Ministry of Health, and through workshops with government, NGO and civil society stakeholders. An outline of the draft programme was presented and discussed during an in-country strategy meeting with member agencies of the United Nations Development Group (UNDG), other development partners, NGO representatives and traditional leaders.

3. The proposed programme takes into account the Government's existing development programmes and their review. These include the national population policy; the Government's growth, employment and redistribution (GEAR) programme; the South Africa population report for 2000; the health sector development programme; the national strategic plan for HIV/AIDS and sexually transmitted infections (STIs); the Common Country Assessment (CCA); and the United Nations Development Assistance Framework (UNDAF) for 2002-2006. In addition, the conclusions and recommendations of the 1999 midterm review from the UNDG agencies and the final evaluation of the first country programme (1998-2001) were carefully considered. The programme would be harmonized with the programme cycles of UNDP and UNICEF.

4. The CCA and UNDAF have identified as key priority challenges the growing HIV/AIDS pandemic; the growing rate of poverty and the deep inequalities in wealth distribution; and crime and violence, particularly the very high rate of violence against women and children, including rape. The Government has asked the United Nations in South Africa to focus its support on the HIV/AIDS crisis, integrated sustainable rural development and regional integration.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. South Africa has an estimated total population of 43 million with a growth rate of 2.09 per cent a year. Nearly half of the population live in urban areas. Over three-quarters of the population are black, followed by whites (12.7 per cent), persons of interracial parentage (8.5 per cent) and Asians (2.5 per cent). Despite the high level of poverty among the majority of the population, South Africa's total fertility rate is 2.9, far lower than that of other countries in Africa. Overall, the infant mortality rate is 41 per 1,000 live births, and the contraceptive prevalence rate (CPR) is 61 per cent for women of reproductive age. However, these rates vary along racial lines: among blacks, the infant mortality rate is 55 per 1,000 and the CPR is between 54 and 60 per cent while among whites, the infant mortality rate is 30 per 1,000 and the CPR is 80 per cent.

7. Although per capita GNP puts South Africa in an upper-middle income category, the majority of people live in a low-income country economy, mostly in rural and urban squatter areas not yet adequately covered by social services. The average per capita income of $3,400 is marked by extreme differences, with gross inequities between the races. On average, blacks earn 13 per cent of the income earned by whites while Asians and persons of interracial parentage earn 40 per cent and 27 per cent, respectively. Access to services like electricity, safe water and latrine refuse disposal is also significantly skewed in favour of the white population.

8. Substantial disparities also exist on the basis of sex. Although the enrolment rates at all educational levels are estimated to be slightly higher for females (79.6 per cent) than for males (77.1 per cent), and adult literacy rates are almost equal (80.8 per cent for females, 81.3 per cent for males), the income share of females is only 30.5 per cent of total income. The average income of female-headed households is about half that of male-headed households. Women are also underrepresented in the decision-making structures of both the governmental and private sectors. The incidence of violence against women is high, with an estimated average of one rape every 83 seconds. Although the Constitution guarantees equality between the genders in all aspects of life, many administrative and cultural practices still discriminate against women. An affirmative action policy to redress past inequities is gradually evolving.

9. In recognition of the wide disparities in socio-economic development in the country vis-à-vis the population distribution, UNFPA endorses the Government's policy to target the Northern Province, Eastern Cape and Kwazulu Natal as the provinces most in need of assistance. These provinces are estimated to house just under half of the country's total population; 70 per cent of these people live in non-urban areas compared to the national average of 46 per cent. Unemployment rates are highest in the three provinces. Northern Province and Eastern Cape are among the provinces with the highest rates of teenage pregnancy; Kwazulu Natal has the highest rate of pregnant women with HIV/AIDS.

10. Development efforts by the Government on all fronts are being seriously hampered by the high prevalence of HIV, estimated at about 14 per cent among the general population and 22.4 per cent among pregnant women. The 14 per cent prevalence in 1999-2000 is expected to increase to between 20 and 23 per cent in 2005 and to 22 to 27 per cent by 2010. This would imply an increase in the infant mortality rate to over 60 per 1,000 by the end of the decade. Thus, while the birth rate has been dropping over the years, partly because of the high CPR, the death rate in the last inter-censal period increased from 11 to 14 per 1,000 and is expected to continue to increase. The HIV/AIDS pandemic is expected to cut average life expectancy from 56.5 to 40 years by 2010. All this is expected to lead to a reduction of annual population growth to 0.4 per cent in 2010, when it could have been expected to be 1.4 per cent without AIDS. By 2010 the proportion of the infected workforce could increase from 11 per cent to 21 per cent and the number of AIDS orphans could rise from 150,000 to 2 million.

11. Persons under the age of 20 constitute 44 per cent of the national population. High unemployment and violence have increased their vulnerability to HIV. Most at risk are black female youths. In 2000, approximately 23 per cent of young people under age 24 were reported as being HIV-positive. To address this overwhelming concern, the national strategic plan for HIV/AIDS and STI prevention and control (2000-2005) has been formulated. The policy focuses on facilitating and supporting behavioural change.

12. The Government adopted a national population policy in 1998. The goal of the policy is to bring about desirable changes in the determinants of the country's population trends so that they are consistent with the achievement of sustainable human development. The policy has three major objectives: to systematically integrate population factors into all development policies and plans at all levels and within all sectors; to develop and implement a coordinated, multisectoral and interdisciplinary integrated approach for the planning, implementation and management of development programmes; and to generate reliable data on demographic and related socio-economic indicators to guide policy and programme interventions.

Previous UNFPA assistance

13. UNFPA's partnership with South Africa commenced in 1994 with a four-year interim programme for $4.2 million. One of the key lessons that emerged from this programme was that in the absence of an overarching multisectoral population policy, efforts to address population needs became fragmented and compartmentalized and thus failed to achieve significant results. Another lesson was that without trained and experienced government personnel, implementation of the Government's progressive and forward-looking policies, especially in the field of health, would be seriously hampered.

14. As a follow-up to the above lessons and the Government's needs, the first UNFPA country programme for South Africa was approved for three years, 1998-2001, in the amount of

$10 million, of which $4 million was to be obtained through multi-bilateral and other sources. The Government of the United Kingdom was the sole contributor, providing $3.2 million to the programme. Although it was designed to encompass three subprogramme areas, due to financial constraints the programme covered only reproductive health and population and development strategies subprogrammes, with advocacy incorporated into the two subprogrammes. At the time of the 1999 midterm review, the Government recommended that owing to the alarming increase in HIV/AIDS prevalence and its serious ramifications for socio-economic development, United Nations agencies should refocus their programmes and activities to addressing the spread and management of the pandemic, concentrating on youth.

15. UNFPA supported strengthening of national institutional capacity and expertise in implementation of the national population policy, coordination of the national population programme, and integration of population and development concerns into national development policies and programmes. A key intervention was in strengthening the provincial population units so that population factors could be integrated into subnational development plans. In this connection, the Fund has supported the establishment of a population and development training programme at the University of Natal to promote continuous and institutionalized national capacity building in population and development. UNFPA also supported a collaborative initiative among sectoral departments, provincial authorities and local universities to train development planners and programme managers (including in NGOs) on how to integrate the implications of the HIV/AIDS pandemic into development policies and programmes.

16. In the area of reproductive health, UNFPA's main contribution lay in the stimulation of initiatives for developing and piloting appropriate models of intervention, particularly those targeting youth and adolescents in disadvantaged areas. The subprogramme resulted in the formulation of policy guidelines on contraceptive promotion and provision of adolescent reproductive health services. Among the most significant results of UNFPA's support was the pilot national adolescent-friendly clinic initiative. UNFPA has integrated prevention and management of STIs into all of its supported programmes, projects and activities.

17. As part of its support to the Government's Integrated Sustainable Rural Development programme, UNFPA provided support to reduce the reproductive health risks posed by the requirement for workers at environmental and water conservation sites to be away from their families for extended periods. In collaboration with the Government and NGOs, the Fund has also encouraged increased recruitment of women at the sites. Owing to its holistic approach to development, this "Working for Water" initiative has been acclaimed a global success, winning 25 national and international awards.

18. Advocacy support contributed to the formulation of the population policy and to the removal of barriers to the community-based distribution of contraceptives and the delivery of youth-friendly services, including voluntary counselling and testing for HIV, in targeted areas.

UNFPA gave substantial support to NGOs to conduct operational research; to strengthen their institutional capabilities for delivery of various reproductive health and IEC services; and to undertake advocacy on key reproductive health issues. This support has sparked a coalition of NGOs to develop a sexual rights charter for government consideration.

19. Lessons learned. The constraints experienced during implementation of the first programme led to valuable lessons, including the need for: (a) baseline data prior to programme implementation, as well as reliable data on different agencies' inputs in order to facilitate inter-agency collaboration; (b) strengthening of the capacity, role, authority and visibility of the national and subnational agencies responsible for planning and coordination of population programmes; (c) continuous capacity building in sectoral departments; (d) intensified efforts at transfer of skills from national NGOs to community-based organizations; (e) appropriate intervention modalities to reduce the wide gap in the socio-economic indicators between the different racial groups; (f) promotion of adolescent-friendly services as part of the primary health-care programme; (g) coordinated planning and implementation of HIV/AIDS and STI prevention and control activities; (h) simplified and effective rules and procedures for release of funds from government and funding agencies to implementing partners, including to relatively small community-based organizations, and for accounting of the funds; and (i) effective partnerships among the Government and NGOs in delivering adolescent reproductive health services.

Other external assistance

20. A number of national and international NGOs and multilateral and bilateral donor agencies provide assistance to population and reproductive health programmes in South Africa. However, reliable data on the details of external development assistance are difficult to ascertain due to the weak coordinating and monitoring system and mechanisms.

21. In the health sector, the European Union is the largest contributor, providing approximately $28 million for the period 2000-2002. The assistance is for the provision of primary health care, health policy development, and improved health-care financing. The United States is the largest bilateral donor, contributing approximately $50 million (1995-2004) to the general health sector with $10 million specifically dedicated to prevention and control of HIV/AIDS and STIs. The United Kingdom's total assistance of roughly $21 million (1994-2002) focuses on reproductive health; prevention and control of STIs, including HIV/AIDS; and adolescent reproductive health services, funding for which was channelled through UNFPA.

22. Japan's assistance to the health sector amounts to approximately $33 million (1998-2002) to help strengthen health service delivery in three provinces. Italy contributes about $3 million (1998-2003) to primary health care in Kwazulu Natal, improved data systems and health management in Gauteng, and child health support at the national level. Belgium's support of

about $3 million has been for strengthening the National Department of Health in the areas of STI prevention, control of tuberculosis, improved national health management, and research on reproductive health and screening for cervical cancer in Western Cape. Sweden supports HIV/AIDS prevention and human rights activities. Ireland is supporting health activities in Free State. Canada has supported research on health care and HIV/AIDS. The proposed programme will actively promote collaboration with these bilateral programmes where feasible.

23. WHO's programme for 2002-2003 will cover technical assistance; training of health workers in HIV/AIDS prevention; reproductive health service delivery; care and support for those who are HIV/AIDS infected and affected; anti-retroviral treatment, especially for prevention of mother-to-child transmission; and promotion of safe motherhood. UNFPA collaborates with WHO in training health workers in reproductive health and HIV/AIDS prevention. UNICEF's support will include such areas as improved access to primary health care, prevention of HIV/AIDS, and improved care and support for those infected and affected by HIV/AIDS. UNDP assistance will promote policy dialogue, consensus building and programme actions on human development issues and poverty alleviation in the four poorest provinces.

24. To the extent that the proposed UNFPA, WHO, UNICEF and UNDP programmes are all based on the same CCA and UNDAF, they have a common direction in focusing on the three most disadvantaged provinces and the three priority needs as identified by the Government. In addition, UNFPA, UNICEF and UNDP are to jointly execute a United Nations Foundation programme on reduction of HIV/AIDS transmission among adolescent girls. In this programme proposal, UNDP will focus on job creation while UNICEF and UNFPA concentrate on promoting attitudinal and behavioural changes and care and support for the infected and affected.

25. A number of national and international NGOs support reproductive health programmes and activities in the country. Most of them receive assistance from the Government and donor agencies, which will help to foster coordination between the proposed programme and the activities of NGOs in the area of reproductive health. Considering the positive effects of NGO-Government partnership, UNFPA will further strengthen its collaboration with the NGOs. In addition, UNFPA recognizes the huge untapped potential for programme support from the private (corporate) sector, especially considering the efforts made by some private sector organizations to provide HIV/AIDS and STI prevention and control measures for their staff.

Proposed programme

26. The goal of the proposed programme is to contribute to improvements in the quality of life of the South African people through reducing the prevalence of HIV/AIDS; improving reproductive health and respect for reproductive rights; enhancing gender equality and equity, particularly among youth; and achieving population trends commensurate with social and economic development. Subprogrammes will focus on reproductive health, population and

development strategies, and advocacy. Gender concerns, HIV/AIDS prevention, capacity building, and information, education and communication (IEC) would be incorporated into each subprogramme.

27. Reproductive health. The major purpose of the reproductive health subprogramme is twofold: to contribute to increased utilization of integrated, quality sexual and reproductive health information and services and to induce positive attitudes, values and behaviours with gender-sensitive perspectives among youth. The assistance will target achievement of: (a) increased access for men, women and young people to quality reproductive health services integrated with gender-sensitive and HIV/AIDS concerns; (b) strengthened capacity in and support for the implementation of culturally sensitive interventions for the prevention of gender-based violence and for the management and care of survivors of violence; and (c) strengthened capacity of governmental and non-governmental partners to manage and coordinate reproductive health and HIV/AIDS programmes.

28. In light of the high level of adolescent pregnancy and the high prevalence rates and risks of transmission of STIs, including HIV/AIDS, the major strategy is to play a leading role in the promotion of expanded quality reproductive health and preventive services geared particularly towards adolescents and youth. In addition to supportive IEC methods to promote attitudinal and behavioural change, the subprogramme will promote dual contraception, the provision of adolescent- and youth-friendly sexual and reproductive health services, and voluntary counselling and testing for HIV/AIDS.

29. The subprogramme inputs will focus on delivery of comprehensive reproductive health services, technical assistance, training and capacity building to complement the Government's contribution of human resources, operation and maintenance of health facilities, and provision of equipment and reproductive health commodities.

30. The proposed programme will also support the system of notification of maternal deaths and assist in integrating the feedback from this and other related information systems into the planning and implementation of the reproductive health programme. To address low condom use, activities in support of greater male involvement in reproductive health would be promoted and would involve community-based organizations, including those with predominantly male membership, in the delivery of community-based reproductive health information and services, including distribution of condoms and other contraceptives. Considering the comparative advantages of NGOs in IEC and service delivery, a further strategy will be to support strengthening of NGO-Government collaboration at all levels.

31. Assistance will be given to research and analysis of gender-based violence and to development of materials for attitudinal and behavioural change. Local support groups will be assisted in developing protocols for management and care of victims and integration of such

training into the curricula of other health service providers, community development workers and the judiciary. To complement this, special efforts will be directed at informing and educating adolescents, youth and women about their sexual and reproductive health in order to prevent unplanned pregnancies, to recognize high-risk pregnancy cases and take early referral action, and to prevent transmission of STIs, especially in cases of rape.

32. In addition to continuous support to institutional capacity building in identified areas at the national and provincial levels, the subprogramme will support the establishment and/or functioning of sexual and reproductive health training teams in each of the three provinces. These teams will be charged with assessing training needs and conducting appropriate in-service training activities. They will collaborate with existing training programmes, including the nursing and midwifery schools, to institutionalize integrated reproductive health into the curricula. It is further proposed to promote advocacy with the Government on filling critical posts and retaining staff.

33. As part of efforts to promote respect for reproductive rights and improved reproductive health and in recognition of the positive aspects of some sociocultural beliefs, norms and practices, the programme will pursue a two-prong approach of complementing other advocacy initiatives for the elimination of harmful traditional practices and of educating families, community and traditional leaders and youth on the health risks of these harmful practices.

34. Population and development strategies. The identified outputs of the population and development strategies subprogramme are: (a) strengthened collection, analysis (including population projections taking HIV/AIDS into consideration) and dissemination of population, HIV/AIDS and gender data; (b) improved collaboration and strengthened training and research in population and development issues; and (c) strengthened institutional and technical capacity, especially in improving linkages and coordination of population programmes and integration of population, gender and HIV/AIDS concerns into development policies, plans and programmes.

35. The major strategy for achieving the identified outputs and purposes of the subprogramme will be provision of technical assistance, as required, for the establishment of intersectoral technical committees to ensure coordinated and coherent implementation of the national population policy. Further efforts will also be made to clarify responsibilities concerning implementation and coordination. This will largely be a Government-funded effort, with UNFPA providing technical guidance as necessary.

36. The subprogramme will help design and provide appropriate population and development training and research curricula for various learning programmes. This will entail supporting at least 10 training institutions, particularly the universities and other tertiary institutions that are already offering training in demography and population, in reviewing and upgrading their curricula to make them more responsive to the country's human resource needs.

37. Advocacy. The main purpose of the advocacy subprogramme is to contribute to increased leadership support towards the development of positive attitudinal and behavioural changes in sexual and reproductive health and rights as well as population and development issues. This will focus on gender equity and equality; a rights-based approach to population and development issues; and the planning, implementation and coordination of gender-responsive and adolescent-friendly policies, programmes and sociocultural practices.

38. The following outputs have been identified in the area of advocacy: (a) strengthened capacity to conduct advocacy initiatives to incorporate population considerations, especially HIV/AIDS, youth, migration and gender, into sectoral development planning and implementation at all levels; (b) strengthened capacity of NGO coalitions and community-based organizations to plan, coordinate, implement, monitor and evaluate participatory and people-centred advocacy programmes in support of a reproductive rights agenda; (c) strengthened capacity of key decision makers in the three provinces to serve as advocates and activists for reproductive rights and population and development agendas; (d) strengthened partnership between implementing organizations and the mass and community media to advance the reproductive rights and population and development agendas, especially at the provincial and local levels; and (e) a strengthened advocacy programme for HIV/AIDS initiatives at all levels.

39. The strategy will be threefold: internal, participatory and people-centred. Under the internal approach, the Chief Directorate of Population and Development will lead efforts to advocate with other sectoral departments. It will engage key government sectors and parliamentarians, as well as traditional leaders and business and labour groups, to serve as advocacy partners. Under the participatory approach, UNFPA will also support a coalition of NGOs to advocate on behalf of adolescent reproductive health and rights issues, including gender equality and equity, HIV/AIDS and youth development. This will complement the recently launched sexual rights charter campaign and aim at positively influencing national and subnational policies and programmes, as well as sociocultural norms and practices, that impact on adolescent reproductive health and rights. Furthermore, UNFPA will assist key social groups to empower their membership on how to advocate for themselves on adolescent reproductive health and rights issues. This people-centred approach will highlight people's awareness of the risks posed to themselves and family members as a result of breach of their reproductive rights.

Programme coordination, implementation, monitoring and evaluation

40. The Government of South Africa and UNFPA will continue with their overall joint responsibility for planning, coordinating, monitoring and evaluation of the country programme. For the Government, the Chief Directorate of Population and Development will be further strengthened to enhance its coordination of the overall population and development programme. The Chief Directorate of Population and Development will be supported by the provincial

population planning units, which will be charged with overall programme planning, coordinating, monitoring and evaluation at the provincial level. The country programme proposes a detailed review of the different administrative arrangements concerning the population planning units with the objective of harmonizing their future operations.

41. The Department of Health, by virtue of its mandate, will be responsible for overall planning, implementation and monitoring of reproductive health and HIV/AIDS activities. In this respect, the country programme will support fostering increased collaboration with other sectoral departments for effective and coordinated implementation and management of the reproductive health subprogramme and the strategic plan for HIV/AIDS and STIs.

42. To complement the above monitoring arrangements and in light of the geographic spread of the target provinces and their local sensitivities, UNFPA proposes setting up three sub-offices. This is expected to facilitate effective articulation of and prompt response to local needs as well as to enable continuous interaction with provincial authorities and other concerned stakeholders.

43. Stressing intersectoral partnerships in addressing overall population and development goals and the specific goals and purposes of the country programme, it is proposed to establish an intersectoral population and reproductive health coordinating committee whose membership will also include key donors and United Nations agencies. This will be supported by subcommittees on reproductive health, policy implementation, advocacy, monitoring and evaluation, which will integrate cross-cutting issues like gender and HIV/AIDS into their work.

44. A country programme review meeting will take place each year to review achievements, constraints, challenges and other relevant issues. The recommendations will be fed into a work plan and budget for the subsequent year. The programme will undergo a midterm review in 2004, and the programme will be evaluated in early 2006.

Recommendation

45. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for South Africa, as outlined above, in the amount of $7.5 million, of which $3.5 million would be programmed from UNFPA's regular resources to the extent such resources are available and the balance of $4.0 million would be sought through co-financing modalities and/or other, including regular, resources consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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